Relapse of infantile haemangiomas in children treated with oral propranolol

This study by Ahogo *et al*. is the first to investigate factors associated with the risk of relapse in children with infantile haemangioma (IH) treated with propranolol after cessation of treatment. This was a single-centre retrospective observational study. All files and photographs of patients with IH aged ≤ 5 months at the time of treatment initiation were studied during a period of 42 months. In total 158 children were included, of whom 118 had not relapsed and 40 had relapsed. Fifty-two patients were boys and 106 were girls (male-to-female ratio 1 : 2); 19 (12%) had segmental IH. Multivariate analysis indicated that only IHs with a subcutaneous component and those with a segmental distribution were independently associated with relapse.

The authors concluded that segmental IHs and those with a deeper component were more at risk of relapse and merited closer follow-up after treatment interruption, and/or a longer treatment period. *Br J Dermatol* 2013; 169: 1252–56.

Image reproduced with parental consent.

Reticular erythematous mucinosis

Rongioletti *et al*. set out to improve the characterization of reticular erythematous mucinosis (REM), a rare skin disease previously studied only in single case reports or small case series. This study is the largest case series of patients with REM to date. The authors collated the demographics, clinical and pathological features, comorbidities, treatment and clinical course in a retrospective and prospective study on 25 patients diagnosed with REM in the setting of a university-affiliated dermatology and dermatopathology centre. The study determined that this condition is characterized clinically by a reticular pattern with involvement of the midline chest and back, and a predilection for middle-aged women. The role of sun exposure in REM remains uncertain, as is the possible association with other conditions such as malignancy and thyroid dysfunction. Immunological studies in this series were noncontributory. The therapeutic response to antimalarial treatment was stated to be good in > 80% of cases. Furthermore, worsening or recurrence of the rash after treatment discontinuation, or in the course of the disease, occurred in 31% of patients. *Br J Dermatol* 2013; 169: 1207–11.

Measures of actinic keratoses

Chen *et al*. state that enumeration of actinic keratoses (AKs) is highly variable but important to standardize as new therapies are emerging. They set out to assess the reliability of four different methods used to quantify AKs and to investigate whether a consensus meeting affected the reliability. The study consisted of a single-blinded study of 12 experienced dermatologist raters counting AKs on the face and ears of nine subjects before and after a consensus meeting. The intraclass correlation coefficient (ICC) among raters for pre- and postconsensus evaluations was the primary outcome measure. They reported that of the four assessment methods, the 'total count' method had the greatest ICC for both pre- (0.18, $P = 0.04$) and postconsensus (0.66, $P \leq 0.0001$) assessments. Total count was also the only preconsensus evaluation for which the null hypothesis of no association among assessments was rejected. They concluded that total AK count appears to be the most reliable measure of quantifying AKs on the face and ears, and that educational consensus discussion prior to assessment improves the reliability of this measure. *Br J Dermatol* 2013; 169: 1219–22.

Histological regression in primary melanoma

Ribero *et al*. describe how regression has previously been considered a negative prognostic factor, by preventing proper melanoma thickness measurement. They state that there is also no consensus regarding the need for sentinel lymph node biopsy (SLNB) when regression is present within the primary tumour. The stated aim of this study was to ascertain the utility of SLNB in thin melanoma and to clarify the significance of regression in disease-free survival and overall survival in the authors' own case series. They analysed data collected from 1693 consecutive patients with American Joint Committee on Cancer (AJCC) stage I–II melanoma. SLNB was performed in 656 of the 1693 patients. Regression was present in 349 patients, and 223 of the cases were characterized by thin lesions. SLNB was performed in 104 cases of thin melanoma with regression. The majority of regional lymph node metastases were observed in patients who did not undergo SLNB (89 out of 132). Among the remaining 43 'false negative' patients, only three showed regression in the primary. The authors concluded that regression alone should not be a reason to perform SLNB in thin melanoma; on the contrary, they state that regression can now be considered a favourable prognostic factor in patients with AJCC stage I–II melanoma. *Br J Dermatol* 2013; 169: 1240–45.